

**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31,**

**Domestic Life and Health Insurers**

**Must be attached to the tax return:**

- Check made payable to Nebraska Dept. of Insurance

**Mail tax return and check to:**

Nebraska Department of Insurance  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639

**COMPANY INFORMATION**

Nebraska Co. I.D. No.	Contact Person
NAIC No.	E-Mail Address
Federal Tax I.D. No.	Telephone

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION I - SIGNATURE OF FISCAL OFFICER OF COMPANY**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )ss

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_  
of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_  
and that the tax statement is correctly computed in accordance with the foregoing instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

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**SECTION II - PREMIUM TAX****GROUP ACCIDENT AND HEALTH PREMIUMS**

1.	Gross direct premiums received on Nebraska business	.00
2.	Credit (group) premiums received on Nebraska business	.00
3.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
4.	Gross taxable premiums (Line 1 plus Line 2 and Line 3)	.00
5.	Dividends paid or credited to policyholders	.00
6.	Net taxable premiums (Line 4 minus Line 5)	.00
7.	Tax rate applicable	
8.	<b>Tax (Multiply Line 6 by Line 7)</b>	.00

**CREDIT INDIVIDUAL & ALL OTHER ACCIDENT AND HEALTH PREMIUMS**

9.	Gross direct premiums received on Nebraska business	.00
10.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
11.	Gross taxable premiums (Line 9 plus Line 10)	.00
12.	Dividends paid or credited to policyholders	.00
13.	Net taxable premiums (Line 11 minus Line 12)	.00
14.	Tax rate applicable	
15.	<b>Tax (Multiply Line 13 by Line 14)</b>	.00

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<b>ALL OTHER PREMIUMS</b>
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16.	Gross direct premiums received on Nebraska business (Annuities not taxed)	.00
17.	Gross direct premiums received for insurance written outside of the State of Nebraska where no comparable tax is paid by the direct writing company to any other appropriate taxing authority	.00
18.	Gross taxable premiums (Line 16 plus Line 17)	.00
19.	Premiums included in Line 16 for pension, profit-sharing, individually sponsored retirement plans and other pension contracts which are described in Section 818(A) of the Internal Revenue Code of 1986, As Amended. Do not deduct dividends on these plans.	.00
20.	Dividends paid or credited to policyholders	.00
21.	Net taxable premiums (Line 18 minus line 19 and Line 20)	.00
22.	Tax rate applicable	
23.	Tax (Multiply Line 21 by Line 22)	.00
24.	Total premium tax (Line 8 plus Line 15 and Line 23)	.00
25.	Tax deductions: (See Instructions)	
	A. Guaranty fund assessments	.00
25.	B. Community development	.00
26.	Total tax deductions (Line 25A plus Line 25B)	.00
27.	<b>NET PREMIUM TAX (LINE 24 MINUS LINE 26. IF LESS THAN ZERO, ENTER ZERO)</b>	.00

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**SECTION III - FEES**

28.	Renewal of Certificate of Authority	
29.	Filing Annual Statement	
30.	Insurance Fraud Fee	
31.	<b>Total fees (Sum of Lines 28 through Line 30)</b>	

**SECTION IV – SUMMARY OF TAXES AND FEES**

32.	Premium tax (Line 27)	.00
33.	Fees (Line 31)	.00
34.	Total taxes and fees (Line 32 plus Line 33)	.00
35.	Prepayments (April 15, June 15, September 15; payments and applied credits)	.00
36.	Unapplied credit balance	.00
37.	Total prepayments and unapplied credits (Line 35 plus Line 36)	.00
38.	Balance due (If Line 34 is greater than Line 37, enter amount. Enclose payment of this amount)	.00
39.	Overpayment (If Line 37 is greater than Line 34, enter amount here)	.00
40.	Amount to be refunded	.00
41.	Amount to be credited to        prepayment	.00

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**CHECKLIST**

	<b>YES</b>	<b>NO</b>
Check payable to Nebraska Department of Insurance Attached?		
Tax Return is Signed and Notarized?		

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